JULY 1, 2015 - JUNE 30, 2017 CONDOMINIUM ASSOCIATION BIENNIAL REGISTRATION APPLICATION

ALL INFORMATION PROVIDED IS PUBLIC INFORMATION

FOR				

	ENNIAL REGISTRATION DEADLI ond exemption reapplication dea			3 0
1.	Project registration number: 485		DEP SOS	EAL 16
	Name of condominium project: KIAHUN.	A	TATE TATE TO T	REC EST
	Project street address (required):	2253 POIPU RD KOLOA HI 96756	9E3	AF AF
	Total # units: 29	Expiration of bond on file with Commission:	12/15/2011	
	applied for a fidelity bond exemption (all	"Expiration of bond on file with Commission' fidelity bond exemptions expire at the conclusions the AOUO to select a fidelity bond exe	sion of the bid	UO bas previously ennieuregistration
2.	•	association (all information provided is pu	blic informat	lòn)
	President (required): 3eff Sm			.70
	Vice President (optional): MICM		200 - 200 200 - 200 200 - 200	
	Secretary (required):	isgusen	50.00 4	
	Treasurer (required): Herb To	Ily	· · · · · · · · · · · · · · · · · · ·	2 1-0
	b. Designated officer (from section 2a)	for direct contact (required):	*	VED 2 P
		JeffSmrth		(%)
	Malling a 530 Hawkri	ge Terrace	·	9
	city: OriNda	State: _CA _ Zip: 94563 Day	Phone 4	5-513-5895
	Public Email (optional):			
	NOTE: Contact name of individual, put authorized agents may be able to obtain and the owner's authorized agents pure	blic phone number and public mailing addres in the documents, records, and information re suant to HRS §§ 514B-152 -154.5.	s where a un equired to be	it owner and the owner's provided to a unit owner
3.		dence & calls from Commission (required): update fidelity bond coverage, as well as co	rrespondence	e from the Commission.
	Title: 6M Name:	by Thompso		
	Mailing Address: 2253B Par	ni Road		
•	1/ /	'	Phone: 80	7742.2200
	Public Email (optional):			

	b,	Pursuant to HRS § 514B-106. authorized to serve civil proce	ss, in compliance wi	th Hawail Revised S	statutes Chapter 6	34.	,
		Name Primary: Koy 110	MRSM)	Title 6W		Telephone:	808 147-3 10
		Name Primary: Roy Tho	irat .	Title VP of O	<i>ferations</i>	Telephone:	808 524-920
4.	Ma	anagement status (required): (ci	heck ONE only and f	ill In corresponding			
		Self-managed by Association	of Unit Owners (see	Instructions)	Public Email: _		Intional
		Title: Na	me:				phonary
		Mailing Address:				71	
		City:	State:	Zip:	' Day Phone	: <u></u>	. <u>. </u>
	×	Managed by Condominium Ma	anaging Agent (see /	nstructions)	Public Ema	all:	Intianal)
•		Management Company:	tle Resorts+	Notels	<u> </u>		petonal)
		Mailing Address: 500 A	a Muana B	lud, Svite	555		
		city: Honolelu	State: #1	Zip: <u>96873</u>	Day Pi	hone: 😂 🤄	24-9202
5.	a.	Evidence of Fidelity Bond (req expiration date of bond on file			ECK ONE ONLY;	see Question	1 #1 for preprinted
		No evidence of fidelity both Completed CSI form or coordinate CSI fo	ertificate of insurance	form is attached b	ecause bond on fi	lle in Questio	n #1 expires ON
	b.	Bond Exemption (If applying exemption form on page B-2, in exemption application fee must	3-3, or <i>B-4 must be</i> c	completed as part of	the application p	nptions. A co rocess). <u>An a</u>	nresponding bond dditional \$50 bond
		Sole Owner: Where all console Limited Liability Corp 20 or Fewer Units: Whe 100% Commercial Use:	oration ("LLC"), or s re the condominium	ole Limited Liability project contains 20	Partnership ("LLF or fewer units.	>").	e partnership,
6.	ĎΨ	vner occupancy: Percentage of		,		_	
		nual operating budget: Did the	•			_	¬ No
,	Pui ma	rsuant to HRS § 514B-106 (c), vake available a copy of the budg the budget and to whom that rec	vithin 30 days after a et to all unit owners	adoption of any prop and shall notify eac	oosed budget for t	he associatio	n, the board shall
8.	Re	serve studies and replacement	reserves: (see Instru	uctions) [.]		新 22	238
	For fun	r the current fiscal year, is the A nding one hundred percent of the	OUO collecting a mile estimated replacer	nimum of fifty percenent reserves when	ent of the estimate using a cash floy	d replacemen	nt reserves OR es 🔲 No
	lf y	es, what is the percent funded?	: 106 %		<i>y</i>	Ġ	
9.	Bo:	es your AOUO maintain and ma eard of Directors Guldes, Real E the declaration, bylaws, house r	state Commission bi ules and any amend	rochures, HRS Cha Iments? 🗶 Yes 🗀	pters 514A and 5 [,] No	reference bir 14B, HAR Ch	der containing the apter 107, copies
	lf y	yes, where are the materials kep	17: Muge off	ice ov sit.	¢	· · · · · · · · · · · · · · · · · · ·	
10.	На	es the AOUO amended the declar ovisions of HRS Chapter 514B?	aration, bylaws, cond			ocuments to a	dopt the

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11.	11. Has the AOUO utilized mediation or arbitration to resolve condominium disputes within the last two years? 🔲 Yes 💢 No						
	lf y	es, how many times?	Mediation:	Arbitration:			
12.	. a. Does the AOUO have a separate email account? 🔲 Yes 🙇 No						
	What is the association's public email address? (optional)						
	b.	b. Does the AOUO maintain an internet website? 🔲 Yes 🛂 No					
		What is the public websit	e address? (optional)				

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CERTIFICATION OF CONDOMINIUM ASSOCIATION OFFICER, DEVELOPER, 100% SOLE OWNER, OR MANAGING AGENT WITH DELEGATION OF DUTY TO REGISTER For the period July 1, 2015 – June 30, 2017

- I have read and understand the Instructions.
- 2. I certify that this application is complete as required, and is accompanied by the required documents and fees.
- 3. I certify that I am authorized to sign this certification on behalf of this condominium association, that the information provided is true and correct, and that there are no material omissions. (It is unlawful for any AOUO, its officers, board, or agents to file with the Commission any information that is false or contains a material misstatement of fact (HRS §§ 514A-134 and 514B-99.3). Any violation is a misdemeanor.
- 4. I certify that any changes to the required information provided in questions one (1) through five (5) of the registration application information, as required by HRS § 514B-103 (a) (1), shall be reported to the Real Estate Commission, in writing, within 10 days of the date of change. I further certify that the condominium association shall continue to update all other information during the biennial registration period as required by statute and provide updated information as requested by the Real Estate Commission. Also, written notification shall be provided to the Real Estate Commission at least 30 days prior to cancellation, termination, or a material change to the information provided in the evidence of fidelity bond coverage.
- 5. I certify that this condominium association does maintain continuous fidelity bond coverage in compliance with HRS § 514B-143 (a) (3), and that evidence of fidelity bonding or bond exemption shall be filed with the Real Estate Commission throughout this entire registration period. This condominium association acknowledges that its registration shall be automatically terminated for failure to provide the Real Estate Commission with evidence of continuous fidelity bond coverage (if applicable) through June 30, 2017.

6. This condominium association has received sufficient notice that if it falls to submit a completed registration application and falls to maintain continuous fidelity bond coverage or an approved fidelity bond exemption, it shall not have standing to maintain any action or proceeding in the courts of this State until it properly registers (HRS § 514B-103 (b)).

Signature of Association Officer, Developer, 100% Sole Owner, or Managing Agent (Original signature or stamp preferred, however facsimile or photocopied signatures are accepted)

Print Name

Date

Print Name of Condominium Association (Managing Agent include CMA Name)

CHECK ONE ONLY: President [] Vice-President [] Secretary [] Treasurer [] Developer or Developer's Agent registering for unorganized association [] 100% Sole Owner of Condominium Project Managing Agent with Delegation of Duty to Register.

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Mail or deliver all fees & documents to: Real Estate Branch, AOUO Registration, 335 Merchant St., Rm. 333, Honolulu, HI

If you need assistance: call (808) 586-2643 to speak to a condominium registration clerk.

This material can be made available for individuals with special needs. Please call the Senior Condominium Specialist at (808) 586-2643 to submit your request.